228897

STATE OF SOUTH CAROLINA BEFORE THE

PUBLIC SERVICE COMMISSION (Caption of Case) OF SOUTH CAROLINA Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo TRANSPORTATION COVER SHEET 2011

Application for closec

Judicalus Catron	NUMBER:	<u> 2011 - 143 - 1</u>
))	have a Docket Numb	ne filing an application with the PSC, you will not er. The Commission will assign one to you. If you ommission before, a Docket Number was assigned above.
(Please type or print) Submitted by: Cheryl Dicholson	Telephone:	(843) H3H- 381/3
Address: 719 Seashell Lanc	Fax:	
4mB, SC 29582	Other:	
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service C be filled out completely.	s nor supplements the	
NATURE OF ACTION	(Check all that app	oly)
Application - Class A/A Restricted	Rec	quest for Name Change on Certificate
Application - Class C Taxi	Rec	quest to Amend Scope of Authority
Application - Class C Charter	Rec	quest to Amend Tariff (rate increase, etc.)
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus MAR 2 9 Application - Class C Non-Emergency	Rec	quest to Amend Passenger Limit
1 Expolication - Class C Non-Emergency. "4//	Rec	quest
Application - Class C Stretcher Van	Exi	nibit
Application - Class E Household Goods	Lat	e-Filed Exhibit
Application - Class E Hazardous Waste	Let	ter
Application	Pro	posed Order
Request for Extension to Comply with Order	Pul	olisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	☐ Res	servation Letter
of Public Convenience and Necessity to be Rescinded	Re:	sponse
Request for Cancellation of Certificate	Re	turn to Petition
Request for Suspension	Oti	ner:
Request for Reinstatement	,	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

2011-143.T

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:
CLASS C - CHARTER	
	To The second
	MAP TITAL
Application is hereby made for a Certificate of Public	Convenience and Necessity, in accordance with the provision
of S.C. Code Ann., § 58-23-10, et seq. (1976), and an	convenience and recession, in accordance with any provision
	TING OFFI
	ICE
1. Name under which business is to be conducted (corporation) Nicholbon, about	ation, partnership, or sole proprietorship, with or without trade name.)
Nicholson Carrier Services	
719 Seashell Lane, North My	Address of Applicant
Mailing Address of Ap	plicant if different from street address
	•
Phone	Fax
1000	
(843) 424-3863	Email Address
	5
2. If incorporated, a copy of Articles of Incorporation Secretary of State "Foreign Corporation" Certification	n must be attached. (If incorporated outside of SC, attach SC te.)
2 Salast Entity Tymas (Charle and)	
3. Select Entity Type: (Check one)Individual Owner/Sole Proprietorship	
Partnership - List names and address of all pe	argon barring on interest in the business
	•
Corporation - List names and addresses of two	o principal officers.
•	
	:

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Balance at Time Application is Filed: Month Year
Assets:	
Cash	1,500.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	:
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	,
Total Assets	1,500.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	. 1800.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:		
creage 08,6 th	man	
Counties to be Served:		
bazimismu		
	·	
	<u>.</u>	
Maximum Number of Passengers per Vehicle:		
\5		

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
ringoln	1998 T/C	1114W81M3M7 65793H	7200	\\$
	, , , , , , , , , , , , , , , , , , ,			
			-	
	· · · · · · · · · · · · · · · · · · ·			
			- ANA	

INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:	
Cheryl Nicholdon, di	ba'.
Que not con Carrios	sameas c
	Name of Motor Carrier
719 1	
Work Charleson Line	Address of Motor Carrier
	riadioss of Motor Carrer
Amount of Premium:	Limits Quoted: (See Below)
Ear,	
Liability Insurance \$ 3,900.	DD Timber BANA AND CAL
Endottey insurance of	Limits 300,000 CSL
The above quoted premium is for a ter	rm of 🜎 months.
35. • • • • • • • • • • • • • • • • • • •	
Minimum Limits - Intrastate Only:	
1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000
Starnar Durina	ee co.
•	Name of Insurance Company
CO P Prom Place	esse trapano
158 N. Hardrey C. F	Home Office Address of Company
	•
I am familiar with the Commission's Ru	ules and Regulations relating to insurance requirements and the above quote
meets the minimum insurance limits pr South Carolina Department of Insurance	rescribed. The insurance company making this quote is authorized by the
ocam outcome Department of Insulance	to do business in South Carolina,
~1	· · · · · · · · · · · · · · · · · · ·
_2/10/11	Joseph B. Bussely
	Authorized Insurance Company Representative's Signature
•	

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

chery Nicholbon, dba.			
Crawers mossoulan	Someicas		
	Name of Applicant		

1.	Are there currently any or	utstanding judgments against the Applicant? No
	If Yes, indicate nature of	judgement(s) against applicant.
2.	Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor a South Carolina, and does Applicant agree to operate in compliance with these
	O Yes	○ No
3,	Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	∀es	○ No
	,	

Exhibit on Driver Qualifications

i.	1. Applicant understands that all drivers must be a minimum of 18 years of age.	
	⊗ Yes	○ No
2.	Applicant understands the and such record from the be maintained in the App	at a certified copy of the driver's three (3) year driving record issued by the SC DMV DMV of the state in which the driver is or has been domiciled for such period must licant's business office.
	⊗ Yes	○ No
2	Applicant wad aut at at	
ο.	must be maintained in the	at a criminal history background check from the state where the driver currently lives Applicant's business office.
	⊙ Yes	○ No
4.	Applicant understands the their possession when opstate of residence of the contract of the co	at all drivers operating a vehicle under a Class C Charter Certificate must have in crating a charter vehicle, a valid driver's license issued by the SC DMV or the current river.
5.	vehicles to drivers who ai	t all Class C Charter Certificate holders are prohibited from employing or leasing e registered, or required to be registered, as sex offenders with the South Carolina ivision or any national registry of sex offenders.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA) COUNTY OF Horsey)	Chey D. Nukels- Applicant's Signature
l, Name of Applicant's Representative	Title
Cause of Carrier of	Applicant .
the Applicant for the Certificate of Public Conven- affirm that all statements contained in the above ap	ience and Necessity as set forth in the foregoing, swear or opplication are true and correct.
	Signature of Applicant's Representative
	Signature of Applicant's Representative
	·
SWORN TO BEFORE ME This By day of 500, 2011	
John Public 8. Durante	
Commission Expires 9/12/15	•